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23334 7590 12/17/2004

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03/21/2005 EHAILE2 00000109 501556 10698052

01 FC:1501 1400.00 DA
02 FC:4504 CATION NO 800.00 DA FILING DATE
03 FC:8001 30.00 DA 10/29/2003



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Karen Tarczynski	(Depositor's name)
Stephen Bongini	(Signature)
March 15, 2005	(Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

Alberto Danioni

02-CA-151/GC

7772

TITLE OF INVENTION: DEVICE FOR DRIVING A POWER TRANSISTOR OF A VOLTAGE CONVERTER PROVIDED WITH A PIEZOELECTRIC TRANSFORMER AND CORRESPONDING VOLTAGE CONVERTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/17/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
VU, BAO Q		2838	323-222000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lisa K. Jorgenson
Stephen Bongini
Fleit, Kain, Gibbons
3 Gutman, Bongini &
Bianco P.L.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STMicroelectronics s.r.l.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Agrate Brianza (MI) Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1556 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Typed or printed name _____

Stephen Bongini

Date _____

3/11/05

Registration No. _____

40,917

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